The trouble with ethics committees

Sir—In a recent editorial [1], Dr Meade addresses the issues of the problems of the unsatisfactory functioning of local research ethics committees (LRECs) with respect to multicentre trials. The autonomy of LRECs leads to differing practice in different areas, but LRECs are resistant to devolving any power to central committees.

What practical steps can be taken to ameliorate the situation? In the South and West the Research and Development Directorate is working with LRECs to provide a common application form. This has been developed through detailed consultation with the chairmen of LRECs, and is available as a hard copy and on disk. It has now formally been adopted by all LRECs in the old South Western Region, and has been circulated to LRECs in the area previously in Wessex. This facilitates the approval of multicentre trials, as one completed form is suitable for all LRECs; previously three separate forms were required in Bristol alone.

Anyone interested in seeing a copy of this form, should contact their regional Research and Development Directorate directly (information available from: NHS Executive Research and Development Directorate, Quarry House, Quarry Hill, Leeds LS2 7UE; tel: 0532-545000).

Reference

1 TW Meade. The trouble with ethics committees (editorial). *J R Coll Physicians Lond* 1994;**28**:102–4.

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Is CME really necessary?

Sir—The tone of the recently published College report is that the enterprise is self-evidently desirable and beneficial. No discussions of the pros and cons is necessary because 'the overwhelming majority of physicians recognise that it is not possible . . . to rely solely on what is learnt by experience . . .'. This statement is at least debatable, as with the NHS reforms the scheme is to be introduced without consideration of its acceptability, costs, and benefits. Likewise, the fear of a pilot study appears to be that progress would become bogged down by passive resistance to change. The Colleges have become infected by the dirigiste thinking of their masters. The standards we would require of a clinical trial are abandoned in favour of developing a policy which allegedly does not need proof. 'Maintaining the highest possible standards of practice' and 'continuing to develop professionally' are supposed to be characteristics of trained doctors who have achieved independent status. If this is not the case, then the training is at fault and it is that which requires change. These proposals undermine the prized autonomy of consultants. They will not be granted the right to determine how best to conduct their professional lives. Effectively, compulsory attendance at refresher courses whose content has to be approved by others (? betters)—who may themselves have a vested interest in running the show—will lead to a state of mind similar to that in attendance at church parades.

'My words fly up, but thoughts remain below
Words without thoughts never to heaven go'.

If a remedy is proposed, it is assumed that a problem exists. Is there a disease of being out of date among physicians? Has anyone identified it or proved its existence? How prevalent is it? How serious is it? Has being up to date its own disadvantages? To use a modern cliché, these 'issues are not addressed' in the document. Are we proposing an expensive treatment for non-disease? And do we know if the remedy will be successful? What about the side-effects? What about the cost? We have been enjoined to ask these questions and get answers when we deal with clinical conditions. Is the hypothetical lack of updating any different? I think not.

Another thought-deadening cliché is the phrase, 'If we don't do it others will do it to us'. This might be a very good thing. If our efforts are perceived to be deficient by our patients, we should hearken to them. There is a wide distrust of self-regulation by professional bodies. We may reform to our own satisfaction, increasing absenteeism for educational purposes while patients will have to wait even longer than they do now. The demand for extra money to cover all this activity (or lack of it) will undoubtedly receive a dusty answer—as well as generating further distrust by government about our ability or will to provide what people want. Some physicians I have talked to have welcomed the idea of getting away from it all at someone else's expense, whatever the content of the courses. This cynical approach will not go unnoticed. And how on earth could the supposed benefit of these courses ever be measured? Yes—by controlled randomised trials; but these are not part of the plan—presumably because 'it stands to reason' that they must be beneficial. I must beg leave to doubt this.

Being 'seen to do something' appears to have dominated the reasoning behind this exercise. But preoccupation with image will not enhance the reputation of the College. It should trust its Members and Fellows more, and not impose possibly irrelevant, time-consuming, and unrewarding demands for educational rituals of undetermined value. The matter needs to be discussed much more widely and deeply at all levels. A good start would be to enquire why a